



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1159088
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1159088

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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To: Phyllis

Pro-Stim Chemicals LLC

Acidizing Report

Date **8-27-13**

Customer Grand Mesa	Pro-Stim Chemical Yard Dighton	Pro-Stim Number A6
Well Name & Number Mitch 1-34	Field	Formation Spot 1 band
County	State	Interval 4385-92'

Well Type: Completion Recompletion Workover Oil Gas Water Disposal Perf OH

Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth

Casing Size: **5 1/2** GRD WT Depth Tubing Size: **2 7/8** GRD WT **4348** Spot **4413**

Casing Vol. **1.0** Tbg Vol **25.1** Ann Vol OH Vol Total Displacement **26.1**

Maximum Pressure Tubing Casing Proposed Pump Time AOL Leave Loc

Special Instructions: **1,000gals 15% RWR-1 Acid**

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
							Prs Test to _____ psi
1	Acid		Spot	1			Spot Acid
13	Acid	3.2		2.0	40		
21	Acid	3.2		24	40		Acid gone
21	Flush	0		26.1	60		loaded
22	Flush	0		26.1	500		
23	Flush	0		26.1	600		
27	Flush	0		26.3	700		
30	Flush	0		26.2	800		max
32	Flush	.2		26.4	620		
33	Flush	.5		26.6	550		
34	Flush	.7		27.1	400		
35	Flush	1.0		27.5	280		
36	Flush	2.0		28.9	350		
37	Flush	2.0		32	260		
41	Flush	2.0		40	270		
46	Flush	2.0		50.1	290		Total load

Treatment Synopsis

Avg Inj Rate	Fluid BPM	Total Injected	H2O 26.1	Acid 24	Oil
Treating Prs	Max 800	Final 290	Avg.	ISIP 230	5'SI 60 10'SI 30 15'SI VAC
Customer Representative			Pro-Stim Supervisor	Shannon M.	

Pro-Stim Chemicals LLC

Acidizing Report

Date 8-29-13

Customer Grand Mesa Pro-Stim Chemical Yard Dighton Pro-Stim Number A6

Well Name & Number Mitch 1-34 Formation _____

County Gove State Ks Interval 3986-4001'

Well Type: Completion Recompletion Workover Oil Gas Water Disposal Perf OH

Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth _____ Packer Depth 3930

Casing Size: 5 1/2 GRD _____ WT _____ Depth _____ Tubing Size: 2 7/8 Spool _____

Casing Vol. 1.7 Tbg Vol 22.8 Ann Vol _____ Off Vol _____ Total Displacement 24.5

Customer Representative Signature _____
1,000 gals 1590 RWR-1
20gals Re-NAB
 Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Curr Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
<u>1</u>	<u>Acid</u>	<u>Spot</u>		<u>1.0</u>			Pre Test to _____ psi
<u>16</u>	<u>Acid</u>	<u>2.2</u>		<u>3</u>	<u>30</u>		
<u>24</u>	<u>Acid</u>	<u>0</u>		<u>24</u>	<u>60</u>		<u>Acid gone, hole loaded</u>
<u>25</u>	<u>Flush</u>	<u>0</u>		<u>24.1</u>	<u>500</u>		
<u>32</u>	<u>Flush</u>	<u>0</u>		<u>24.1</u>	<u>700</u>		
<u>1:25</u>	<u>Flush</u>	<u>0</u>		<u>24.4</u>	<u>800</u>		<u>max</u>
<u>1:34</u>	<u>Flush</u>	<u>.2</u>		<u>24.6</u>	<u>500</u>		
<u>1:37</u>	<u>Flush</u>	<u>.5</u>		<u>25.3</u>	<u>350</u>		
<u>1:38</u>	<u>Flush</u>	<u>1.5</u>		<u>26.4</u>	<u>240</u>		
<u>1:39</u>	<u>Flush</u>	<u>2.0</u>		<u>27.3</u>	<u>230</u>		
<u>1:44</u>	<u>Flush</u>	<u>2.0</u>		<u>38.5</u>	<u>310</u>		
<u>1:50</u>	<u>Flush</u>	<u>2.0</u>		<u>48.5</u>	<u>320</u>		<u>total load</u>

Treatment Synopsis

Avg Inj Rate	Fluid BPM	Total Injected		H2O <u>24.5</u>	Acid <u>24</u>	Oil
Treating Pts	Max <u>800</u>	Final <u>320</u>	Avg.	ISIP <u>280</u>	5'SI <u>0</u>	10'SI
					20	25
						30

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 19, 2013

Michael J. Reilly
Grand Mesa Operating Company
1700 N WATERFRONT PKWY BLDG 600
WICHITA, KS 67206-5514

Re: ACO1
API 15-063-22002-00-00
Mitch 1-34
NW/4 Sec.34-13S-31W
Gove County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Michael J. Reilly